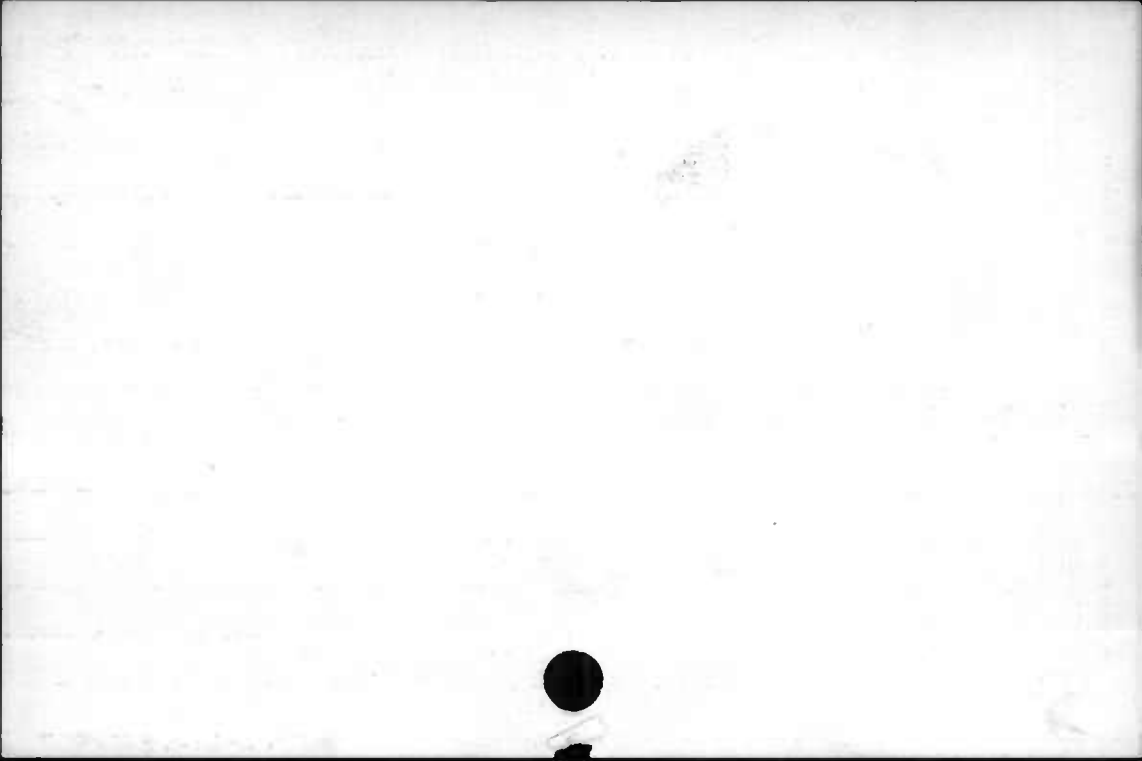


Name in Full		Thomas Curry.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1906		Nov.	27	Age	45	
	Sex	Male		Color or Race	White		Birth-place
	Occupation		Dyestoman		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Father's Birthplace				
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		Biley Gray				How related to deceased	
						By Marriage	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Apoplexy.			How long	
	Immediate		Blood clot on Brain			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
	for as I know		Address		J. H. King.		
	Accident or Suicide?				Md.		



Name
in
Full

CERTIFICATE OF DEATH

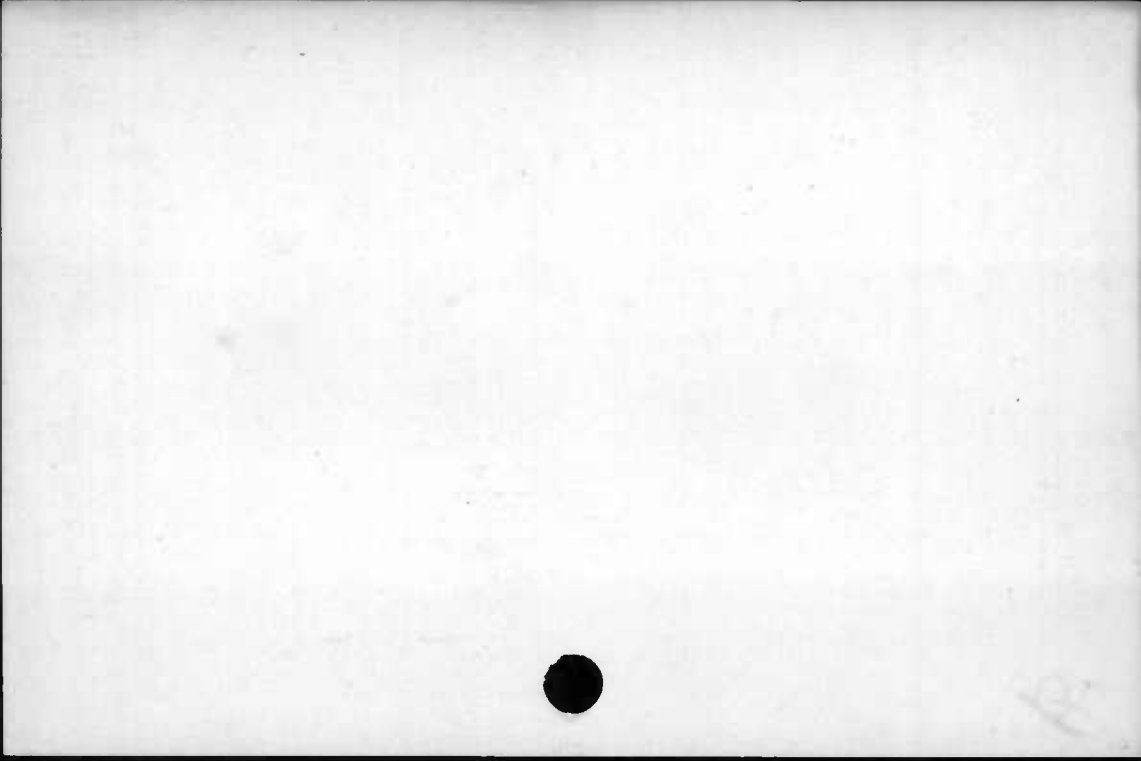
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary E Lynde</i>		Town <i>Leonardtown</i>		County <i>St Marys</i>		MARYLAND	
Died at		Month <i>Nov</i>		Day <i>15</i>		Years <i>41</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>St Marys Co</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thos Lynde</i>					
Father's Name <i>J A B Sherranther</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>M D Sanner</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Thos Lynde</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardia</i>	How long <i>Two hours</i>
Immediate <i>Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J Sanner + Lynde</i>
	Address <i>Leonardtown Md</i>
Accident or Suicide?	



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridge</i> ^{Town}		<i>St Marys</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Nov</i>	Day <i>24</i>	Age <i>34</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Chock</i>				
Name of Wife or Husband <i>Ella Townsend</i>					
Father's Name <i>Dr. J. K. Roper</i>			Father's Birthplace <i>Ma</i>		
Mother's Maiden Name <i>Martha Smith</i>			Mother's Birthplace <i>Ma</i>		
Name of person giving information <i>I Clark</i>			How related to deceased <i>Father-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Six months</i>
Immediate <i>Exhaustion</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Leona</i>
	Address <i>Ridge</i>
Accident or Suicide?	

